

RULEMAKING NOTICE FORM

Notice Number 2016-165

Rule Number He-C 6348

1. Agency Name & Address:

**Dept. of Health & Human Services
Division of Children, Youth & Families
129 Pleasant Street-Thayer Building
Concord, NH 03301**

2. RSA Authority:

RSA 171-A:31

3. Federal Authority:

4. Type of Action:

Adoption

Amendment

Repeal

Readoption

Readoption w/amendment

X

5. Short Title: **Certification Payment Standards for Health Care and Laboratory Service Providers**

6. (a) Summary of what the rule says and of any proposed amendments:

The Department of Health and Human Services (Department) is proposing to readopt with amendment He-C 6348 “Certification Payment Standards for Medical/Dental Service Providers.” He-C 6348 is scheduled to expire September 20, 2016, but is subject to extension pursuant to RSA 541-A:14-a, I. The proposal makes amendments to the rule including:

- **Amending the Part heading to read “Certification Payment Standards for Health Care and Laboratory Service Providers,” by replacing the terms “Medical/Dental” with the terms “Health Care and Laboratory;”**
- **Adding the terms “medical” and “dental” services so they are included in the definition of “health care” and adding a definition of “laboratory;”**
- **Replacing the terms “medical” services or “dental” services with the newly defined term “health care” throughout the rule;**
- **Clarifying the requirement for providers of health care or laboratory services to be providers for children and families currently receiving assistance to remedy one of the following behaviors: abusive, neglectful, or delinquent behaviors, or services to remedy behaviors associated with children in need of services (CHINS);**
- **Clarifying the requirement that the children and families served shall be ineligible to receive Medicaid or require a service not covered under Medicaid;**
- **Clarifying that laboratory services are included as part of the certification for payment;**
- **Clarifying requirements for out of state providers and their employees; and**
- **Removing references to the Division for Juvenile Justice Services and its acronym (DJJS) from the rule.**

6. (b) Brief description of the groups affected:

Those affected by the proposed rule include, providers and their employees of health care and laboratory services, and children and families receiving the services.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

Rule	Specific State or Federal Statute the Rule Implements
He-C 6348.01-He-C 6348.04	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6348.05	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 126-A:3,II
He-C 6348.06 - He-C 6348.08	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6348.09	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 161:2, VI
He-C 6348.10 - He-C 6348.14	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6348.15	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-G:4a,I

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Catherine Bernhard**

Title: **Rules Coordinator**

Address: **Dept. of Health and Human Services
Administrative Rules Unit
129 Pleasant St.
Concord, NH 03301**

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TTY/TDD Access: Relay NH 1-800-735-2964 or dial 711 (in NH)

The proposed rules may be viewed and downloaded at:

<http://www.dhhs.nh.gov/oos/aru/comment.htm>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Thursday, October 20, 2016**

☒ Fax

☒ E-mail

☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Thursday, October 13, 2016**

1:00 p.m.

Place: [**DHHS Brown Bldg., Room 232, 129 Pleasant St., Concord, NH**](#)

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # **16:178**, dated **09/09/16**

1. Comparison of the costs of the proposed rule(s) to the existing rule(s):

There is no difference in cost when comparing the proposed rule to the existing rule.

2. Cite the Federal mandate. Identify the impact of state funds:

There is no federal mandate and no impact on state funds.

3. Cost and benefits of the proposed rule(s):

A. To State general or State special funds:

None.

B. To State citizens and political subdivisions:

None.

C. To Independently owned businesses:

None.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

The proposal modifies an existing program or responsibility, but does not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore does not violate Part I, Article 28-a of the N.H. Constitution.

Readopt with amendment He-C 6348, effective 9-20-08 (Document # 9267), to read as follows:

PART He-C 6348 CERTIFICATION PAYMENT STANDARDS FOR HEALTH CARE AND LABORATORY MEDICAL/DENTAL SERVICE PROVIDERS

Statutory Authority: RSA 170-G:4 XVIII, RSA 170-G:5

He-C 6348.01 Purpose. The purpose is to identify the qualifications and compliance requirements to become a provider of medical/dental/health care or laboratory services for the division for children, youth and families (DCYF) ~~and the division for juvenile justice services (DJJS)~~.

He-C 6348.02 Scope. This part shall apply to health care or laboratory ~~medical/dental~~ service providers who receive financial reimbursement from DCYF/DJJS for services provided to ~~non-medicare~~ eligible children and families-parents involved with DCYF pursuant to a court order.

He-C 6348.03 Definitions.

(a) “Agency” means the board of directors, executive director, and employees of an organization that is incorporated and recognized by the NH secretary of state.

(b) -“Applicant” means the person or entity that is requesting certification for payment as a medical/dental/health care or laboratory service provider.

~~—(c) “Case plan” means the division for children, youth and families or the division or juvenile justice services written document, pursuant to RSA 170-G:4, III, that describes the service plan for the child and family, and addresses outcomes, tasks, responsible parties, and timeframes for correcting problems that led to abuse, neglect, delinquency, or child in need of services (CHINS).~~

~~(d)~~ “Certification for payment” means the process by which DCYF approves the qualifications of and pay/reimbursement to providers of medical/dental/health care or laboratory services.

~~(e) “Child in need of services (CHINS)” means “child in need of services” as defined by RSA 169-D:2.~~

~~(f)~~ “Child ~~or minor~~” means “child” as defined in RSA 170-E:25,1 or “child” as defined in RSA 169-C:3 or “child” as defined by RSA 169-D:2 ~~means an individual from birth through age 20, except as otherwise stated in a specific provision.~~

~~(g) “Child protective service worker (CPSW)” means an employee of the division for children, youth and families who has expertise in managing cases to ensure families and children achieve safety, permanency and well being.~~

~~(h)~~ “Commissioner” means the commissioner of the New Hampshire department of health and human services or ~~his or her~~ designee.

~~(i) “Conflict of interest” means a situation, circumstance, or financial interest, which has the potential to cause a private interest to interfere with the proper exercise of a public duty.~~

~~(j)~~ “Court-ordered” means a written decree that is issued by a district, family, superior, probate, or Supreme Court.

~~(k)~~ “Department (DHHS)” means the department of health and human services of the state of New Hampshire.

~~(f) “Director” means the director of the division for children, youth, and families or his or her designee.~~

~~(mh)~~ -“Division for children, youth, and families (DCYF)” means the organizational unit of the department of health and human services that provides services to children and youth referred by courts pursuant to RSA 169-B, RSA 169-C, RSA 169-D, RSA 170-B, RSA 170-C and RSA 463.

~~(n) “Division for juvenile justice services (DJJS)” means the organizational unit of the department of health and human services that provides supervision and services to children and youth referred by courts or the juvenile parole board pursuant to RSA 169-B, RSA 169-D and RSA 170-H.~~

~~(o) “Indicator” means a measure for which data is available, that helps quantify the achievement of a desired result or outcome.~~

~~(p) “Juvenile probation and parole officer (JPPO)” means an employee of DJJS who discharges the powers and duties established by RSA 170-G:16, and supervises paroled delinquents pursuant to RSA 170-H.~~

~~(qi)~~ “Health care” means preventive or corrective medical, dental, and psychiatric diagnostic and treatment services provided to Medicaid ineligible children.

~~(j)~~ “Laboratory” means the testing facility authorized by the State of New Hampshire to screen human specimens for presence of a drug, or drug group, or their metabolites, or other court-ordered laboratory testing that do not qualify for payment by Medicaid.

~~(k)~~ “NH bridges” means the automated case management, information, tracking, and reimbursement system used by DCYF and DJJS.

~~(r) “Outcome” means the intended result or consequence that will occur from carrying out a program or activity.~~

~~(s)(l)~~ “Parent” means an individual who has a birth, adoptive, or step-parent relationship to a child.

~~(m)~~ -“Provider” means the individual or agency that provides healthcare or laboratory services to serves a child or parentfamily, and receives financial reimbursement from DCYFDHHS/DJJS.

~~(t) “Quality assurance” means the process that DCYF and DJJS use to monitor the quality and effectiveness of medical/dental services.~~

~~(u)(n)~~ “Service authorization” means the documentation provided by DCYF or DJJS indicating DHHS’s the division’s responsibility for payment of healthcare and laboratory community-based services provided rendered for that do not qualify for payment by are unable to be reimbursed by non-Medicaid eligible children.

~~(v) “Voluntary services” means any voluntary, non court ordered agreement between DCYF or DJJS and a family.~~

~~He C 6348.04 Compliance Requirements for Medicaid Enrolled Providers of Medical/Dental Services Serving Medicaid Ineligible DCYF/DJJS Children and Their Families.~~

~~(a) The provider shall:~~

- ~~(1) Be an enrolled medicaid provider;~~
- ~~(2) Comply with licensing, registration and approval from state licensing bodies, prior to applying for certification;~~
- ~~(3) Comply with the medical assistance requirements of He W 500 and He M 426;~~
- ~~(4) Comply with the confidentiality statutes of RSA 69-B:35, RSA 169-C:25, RSA 169-D:25, RSA 170-B:23, RAS 170-C:14 and RSA 170-G:8-a; and~~
- ~~(5) Comply with the child abuse and neglect reporting requirements of RSA 169-C:29-30.~~
- ~~(b) The provider and his or her employees shall not have a conflict of interest, as defined in He-C 6348.03(i).~~
- ~~(c) The provider shall maintain general and professional liability insurance.~~
- ~~(d) Failure to comply with the rules of this chapter shall result in:~~
 - ~~(1) Denial of an applicant pursuant to He C 6348.21;~~
 - ~~(2) Revocation of certification for payment pursuant to He C 6348.21; or~~
 - ~~(3) Denial of reimbursement.~~

~~Source. (See Revision Note at part heading for He C 6348) #9267, eff 9-20-08~~

~~He C 6348.05 Compliance Requirements for Non-Medicaid Enrolled Providers of Medical/Dental Services Serving Medicaid-Ineligible DCYF/DJJS Children and Their Families.~~

- ~~(a) The provider shall comply with:~~
 - ~~(1) Licensing, registration, and approval from the state licensing bodies, prior to applying for certification;~~
 - ~~(2) The confidentiality statutes of RSA 169-B:35, RSA 169-C:25, RSA 169-D:25, RSA 170-B:23, RSA 170-C:14, and RSA 170-G:8-a; and~~
 - ~~(3) The child abuse and neglect reporting requirements of RSA 169-C:29-30.~~
- ~~(b) For medicaid-eligible children, providers shall be an enrolled medicaid provider.~~
- ~~(c) The provider and his or her employees shall not have a conflict of interest, as defined in He-C 6348.03(i).~~
- ~~(d) The provider shall maintain general and professional liability insurance.~~
- ~~(e) Failure to comply with the rules of this chapter shall result in:~~
 - ~~(1) Denial of an applicant pursuant to He C 6348.21;~~
 - ~~(2) Revocation of certification for payment pursuant to He C 6348.21; or~~

~~(3) Denial of reimbursement.~~

~~He-C 6348.06 Requirements for Medicaid Enrolled Providers of Medical/Dental Services Serving Medicaid Ineligible DCYF/DJJS Children and Their Families.~~

~~(a) DCYF or DJJS shall authorize payment for medical/dental services pursuant to a court order or any voluntary agreement between DCYF or DJJS and the family.~~

~~(b) Medical/dental services shall be provided for child who require preventive or corrective care.~~

~~(c) Providers for medical and dental services shall, prior to applying for certification:~~

~~(1) For dentists and dentistry, comply with RSA 317;~~

~~(2) For physicians, including psychiatrists and surgeons, comply with RSA 329;~~

~~(3) For hospitals and clinics, comply with RSA 151;~~

~~(4) For optometrists, comply with RSA 327;~~

~~(5) For chiropractors, comply with RSA 316;~~

~~(6) For pharmacists and pharmacies, comply with RSA 318;~~

~~(7) For podiatrists, comply with RSA 315;~~

~~(8) For radiologists, comply with RSA 329;~~

~~(9) For emergency medical services, comply with RSA 151;~~

~~(10) For diagnostic medical laboratory testing services providers, comply with RSA 151:2; and~~

~~(11) For any other medical providers, comply with their respective state regulatory statutes.~~

~~Source. (See Revision Note at part heading for He-C 6348) #9267, eff 9-20-08~~

He-C 6348.0704 Requirements for Non-Medicaid Enrolled Providers of Medical/Dental Health Care and Laboratory Services Enrollment Serving Medicaid Ineligible DCYF/DJJS Children and Their Families.

(a) DCYF ~~or DJJS~~ shall authorize payment for preventative or corrective medical/dental health care services for children ineligible for Medicaid, pursuant to a court order. ~~or any voluntary agreement~~ ~~DJJS~~

(b) DCYF shall authorize payment for Medicaid ineligible laboratory Medical/dental services pursuant to a court order. ~~shall be provided for children who require preventive or corrective care.~~

(c) Prior to applying for -Acertification, a provider for medical and dental services shall shall be licensed or registered as required by the state licensing entity ~~be licensed or registered as required by the state licensing entity~~, and shall maintain ~~be in~~ compliance with the all applicable New Hampshire rules and laws regulations including: ~~as follows: prior to applying for certification:~~

(1) For dentists and dentistry, comply with RSA 317;

(2) For physicians, including psychiatrists and surgeons, comply with RSA 329;

- (3) For hospitals and clinics, comply with RSA 151;
- ~~(5)~~(4) For optometrists, comply with RSA 327;
- (5) For chiropractors, comply with RSA 316;
- (6) For pharmacists and pharmacies, comply with RSA 318;
- (7) For podiatrists, comply with RSA 315;
- (8) For radiologists, comply with RSA 329;
- (9) For emergency medical services, comply with RSA 151;
- (10) For ~~diagnostic medical~~ laboratory testing services providers, comply with RSA 151:2; and
- (11) For any other ~~medical health care~~ providers, comply with their respective New Hampshire law or rule~~state regulatory statutes~~.

~~— (d) Each provider shall submit a copy of his or her state regulatory license at the time of application and at license renewal.~~

(d) Prior to applying for certification, any out of state provider shall be licensed or registered as required by the state licensing entity, and shall maintain compliance with all laws and rules to be authorized to practice in his or her state.

(e) All providers shall comply with:

(1) The confidentiality statutes of RSA 169-B:35, RSA 169-C:25, RSA 169-D:25, RSA 170-B:23, RSA 170-C:14, and RSA 170-G:8-a; and

(2) The child abuse and neglect reporting requirements of RSA 169-C:29-30; and

(3) All applicable provisions of the health insurance portability and accountability act (HIPAA).

~~(ef) A provider for of health care services shall meet medical assistance requirements of He-W 500 and He-M 426.~~

(gf) The provider and his or her employees shall not have a conflict of interest, as defined in RSA 21-G:21, II.

(hg) The provider shall maintain general and professional liability insurance.

(i) Laboratory services shall be provided by a laboratory service which holds a current New Hampshire license pursuant to RSA 151:2. The laboratory service shall subcontract only to a laboratory service provider which has a valid New Hampshire license or is licensed in the state in which it operates.

(jh) Failure to comply with the rules of this chapter shall result in:

(1) Denial of an applicant pursuant to He-C 6348.2+14;

(2) Revocation of certification for payment pursuant to He-C 6348.2+14; or

(3) Denial of reimbursement.

~~He-C 6348.08 Application Process For Payment Standards For Medicaid Enrolled Providers of Medical/Dental Services Serving Medicaid Ineligible DCYF/DJJS Children and Their Families.~~

~~(a) Applicants who seek initial certification for medical/dental services shall:~~

~~(1) Complete an application and an alternate W-9; and~~

~~(2) Return the completed application and alternate W-9 to the DCYF certification specialist within 15 days of receipt.~~

He-C 6348.0905 Application Process for Payment Process Standards for Non-Medicaid Enrolled Providers of Medical/Dental Health Care and Laboratory Services Serving Medicaid Ineligible DCYF/DJJS Children and Their Families.

(a) Providers of health care services who have providing a service to a Medicaid ineligible child pursuant to a court order between DCYF and a parent shall apply for Applicants who seek initial certification for payment from DCYF for medical/dental services shall contact a DCYF or DJJS district office supervisor or designee and request to be referred for certification.

(b) Providers of laboratory services who will providing e a Medicaid ineligible service to a child or parent pursuant to a court order between DCYF and a parent shall apply for certification for payment from DCYF.

~~(b) The DCYF/DJJS district office supervisor or DCYF certification specialist shall assess the need for services, based on the following criteria:~~

~~(1) The number of children and families who require services exceeds the available community resources;~~

~~(2) A specialized service is necessary to meet the unique needs of children and families, and there are no currently certified providers who can provide the specialized service; and~~

~~(3) Any other case circumstance which requires the provision of services pursuant to a court order.~~

(c) ~~If there is a need for a service based on (b) above,~~ DCYF/DJJS shall forward an application packet to the providers applicant which includes:

(1) An Form 2619 "Application for Certification of Medical/Dental Health Care and Laboratory Service Providers" (September 2016);

(2) An "Alternate W-9 FORM -CIS (10/97)"; and

(3) A copy of He-C 6348.

(d) Applicants shall return a signed and dated Form 2619 ~~provide with the~~ "Application for Certification of Medical/Dental Health Care and Laboratory Service Providers" (September 2016) to DCYF. ~~a copy verification of the state's regulatory license to practice for each employee who provides services.~~

(e) The applicant shall provide a copy of the verification of his or her state regulatory license or authorization to practice, sign and date the application.

(f) The applicant's signature on the application shall constitute an acceptance of the terms below:

- (1) The provider has read and understood He-C 6348; and
- (2) The information contained in the application is true and correct to the best of the applicant's knowledge; and;

(3) That all employees providing services to the child or parent are licensed and authorized to practice by the appropriate licensing entity in the provider's state.

(g) The applicant shall complete and return the application within 30 calendar days to the DCYF certification specialist/provider relations together with the alternate W-9 and the appropriate verification of appropriate state regulatory licenses.

He-C 6348.1006 Renewal/~~view of Continuing~~ Certification and Notification of Changes Compliance for Enrolled Non-Medicaid Providers of Health Care and Laboratory Services.

(a) ~~The provider shall complete the review form, as provided by DCYF, within 30 days of the receipt.~~

~~—(b) Providers that do not submit a review form within 30 days of receipt shall have their certification revoked in accordance with He-C 6348.21 and be denied payment.~~

~~—(c) Continuance of certification shall be based on a review and verification of the provider's compliance with He-C 6348.~~

~~—(d) Medical/Dental~~Health care and laboratory providers shall submit to DCYF a current copy of the verification of licensure documentation required by the appropriate state licensing board(s) ~~to DCYF~~ at the time of license renewal.

(b) Providers shall submit a copy of any renewed license verification to DCYF within 10 calendar days of its receipt. At the time of expiration of mandatory state licenses, the health care and laboratory provider shall submit a copy of the renewed license verification to DCYF within 10 calendar days of receipt.

~~—(e) Providers shall submit a copy of their renewed license to DCYF.~~

~~(cf)~~ Review of continued certification shall coincide with the date of expiration of the ~~medical or dental~~health care or laboratory provider's license.

~~—He-C 6348.11 Notification of Changes for Non-Medicaid Enrolled Providers.~~

~~(ad)~~ For the period of certification, the provider shall notify DCYF in writing within 10 calendar days of any change in the information contained in the application and provide documentation of the change.

~~—(b) At the time of expiration of mandatory state licenses, the provider shall submit a copy of the renewed license to DCYF within 10 days of receipt.~~

~~—He-C 6348.12 Notification of Changes for Medicaid Enrolled Providers. For the period of certification, the provider shall notify DCYF in writing within 10 days of any changes in the information contained in the application and provide documentation of the change.~~

He-C 6348.1307 Billing Requirements for Medicaid Enrolled and Non-Medicaid Enrolled Providers of Medical/DentalHealth Care and Laboratory Services Serving Medicaid-Ineligible DCYF/DJJS Children and Their Families.

(a) ~~Prior to the start of service delivery~~ providers shall be certified ~~and enrolled~~ as a provider of ~~medical/dental/health care or laboratory~~ services ~~and enrolled~~ on NH bridges.

(b) Provider shall not bill DCYF/~~DJJS~~ for services that are to be reimbursed by any other entity.

(c) Providers shall accept payments made by DCYF/~~DJJS~~ as payments in full for the services it provides.

(d) Providers shall notify DCYF of any changes in tax information and complete and submit to DCYF a signed ~~a~~Alternate W-9 ~~f~~Form ~~-CIS (10/97)~~ with current tax information.

(e) Providers shall provide services or care without discrimination as required by Title VI of the Civil Rights Act of 1964, as amended, and without discrimination on the basis of handicap as required by Section 504 of the Rehabilitation Act of 1973, as amended.

(f) The provider's certification and enrollment shall terminate upon date of sale or transfer of ownership or close of the agency.

He-C 6348.1408 ~~Billing Process for Medicaid Enrolled and Non-Medicaid Enrolled Providers of Medical/Dental/Health Care and Laboratory Services Serving Medicaid-Ineligible DCYF/DJJS Children and Their Families.~~

(a) ~~Prior to service delivery, a~~ provider shall ~~obtain~~ receive a service authorization form for each time a service is provided.

(b) A provider shall bill the department through NH Bridges for health care services to non-Medicaid/Medicaid ineligible recipients-children and Medicaid ineligible laboratory services ~~either~~ via paper claims ~~or electronic claims submission, as specified in (c) and (d) below~~.

(c) For paper claim submissions, a provider shall:

(1) Copy the service authorization for future billings, if the authorized service dates span a date range; and

(2) Forward the completed and signed service authorization to DCYF/~~DJJS~~ with an invoice attached.

~~(d) For electronic claim submissions, a provider shall:~~

~~(1) Complete a provider web billing request form and have received a logon and password; and~~

~~(2) Select the recipient(s) and timeframe(s) for which they wish to submit claims from their list of approved service authorizations.~~

He-C 6348.0915 Billing Period.

(a) Providers shall bill within one year of service provision.

(b) Any bill received for payment one year or more after service date shall be denied pursuant to RSA 126-A:3.

He-C 6348.~~46~~10 Billing Discrepancies. Questions regarding billing discrepancies shall be directed to the provider relations' staff of the bureau of administrative operations.

He-C 6348.~~47~~11 Record Retention.

(a) A provider shall retain records supporting each bill submitted to DCYF/~~DJJS~~ for a period of no less than 7 years after the completion date of services provided.

(b) Records shall clearly document the extent of care and services provided to the children and families, and any information regarding any payment claimed.

He-C 6348.~~48~~312 Quality Assurance Activities and Monitoring of Medicaid-Enrolled and Non-Medicaid-Enrolled Medical/Dental Service Providers for Health Care and Laboratory Services.

~~(a) Quality assurance shall be conducted by DCYF/DJJS using a variety of activities such as a combination of records reviews, performance data measurements and visits to providers.~~

~~(b)~~ (a) The provider shall allow on-site visits by DCYF/~~or DJJS~~, which may be random or scheduled for the purposes of:

~~(1) Interviewing program staff;~~

~~(2) Interviewing children and families served; and~~

~~(3) Reviewing program documents to determine continued compliance with He-C 6348~~ regarding the specific child for which the provider is enrolled.

~~—(c) Providers shall ensure that clinical records, including all progress reports, are available for inspection and review by DCYF and DJJS staff during any on-site quality assurance or monitoring visit.~~

~~(d)~~ (b) Quality, performance, and nNeed for the service shall be reviewed by DCYF/~~and DJJS~~, pursuant to RSA 170-G:4 VI and RSA 170-G:4 XVIII.

(c) DCYF shall review communications provided by licensing bodies, regulatory boards, and professional associations for disciplinary actions, or findings of civil liability, professional misconduct, or ethical violation by an enrolled provider.

~~—He C 6348.19 Service Intake and Referral.~~

~~—(a) The provider of primary care shall provide medical/dental services only if they have the following information:~~

~~(1) Date of request;~~

~~(2) Name of CPSW or JPPO, district office, and telephone number;~~

~~(3) Names, gender and dates of birth for each child in the home;~~

~~(4) Reasons or need for referral, including presenting problems and history of involvement with DCYF or DJJS, as applicable;~~

~~(5) Type of services requested; and~~

~~(6) Method of payment, if known.~~

~~——(b) The provider shall request and obtain service authorization from the department before providing medical/dental services.~~

~~He-C 6348.20 Waivers.~~

~~——(a) Applicants who request a waiver of a requirement in He-C 6348 shall submit a written request to the commissioner or his or her designee, which includes the following information:~~

~~(1) The reason for requesting the waiver;~~

~~(2) The anticipated length of time the requested waiver will be needed;~~

~~(3) Assurance that if the waiver is granted the quality of service and care to children, youth and families will not be affected;~~

~~(4) A written plan to achieve compliance with the rule or a written plan explaining how the provider will satisfy the intent of the rule, if the waiver is granted;~~

~~(5) How the service will be affected if the waiver is not granted;~~

~~(6) Evidence that the agency's board of directors has approved the waiver request, such as , minutes of the board meeting documenting that the request was approved or a signature of the board's president or chairman; and~~

~~(7) A statement that the rule for which a waiver is being requested is not related to compliance with the life safety code or environmental health and safety issues, unless approved in writing by the fire inspector, local health officer, or public health services.~~

~~——(b) Request for a waiver shall be denied when:~~

~~(1) The request does not comply with (a) above;~~

~~(2) The department finds that the approval of the requested waiver will jeopardize the health or safety of the child(ren) in care;~~

~~(3) The department finds that approval of the requested waiver will impair the ability to adequately care for the child(ren) in care; or~~

~~(4) The department finds that the written plan described in (a)(4) above does not satisfy the intent of the rule as an alternative to complying with the rule.~~

~~——(c) The provider shall be notified in writing by the commissioner or his or her designee of the waiver decision.~~

He-C 6348.2413 Denial of Application or Revocation of Certification. An application for certification shall be denied or provider certification revoked if:

- (a) DCYF ~~or DHS~~ determines that the state does not have a need for the service;
- (b) The provider, if enrolled with NH Medicaid, loses Medicaid enrollment;
- (c) The applicant or provider, or the individual acting on the applicant's or provider's behalf, submits materially false information to DCYF ~~or DHS~~;
- (d) There has been a conviction for a felony or any crime against a child that has not been annulled or overturned;
- (e) There has been disciplinary action taken by a licensing body or professional society, a finding of civil liability made for professional misconduct, or a finding of an ethical violation made by a state or national professional association or any other state's regulatory board;
- (f) There has been revocation of membership on any hospital, medical, or allied health provider staff;
- (g) There has been revocation of provider status with any professional ~~medical/dental~~ health care or laboratory group or health maintenance organization;
- (h) There has been revocation of clinical privileges;
- (i) There has been termination of academic appointment by an institution;
- (j) ~~There has been cancellation of professional or general liability insurance by the insurance company;~~
- (k) There has been abusive or neglectful treatment of a child as determined by any state statute; or
- (l) There has been failure to comply with He-C 6348.

He-C 6348.22 14 Notification of Denial or Revocation.

(a) If DCYF denies an application for certification or revokes an existing certification, DCYF shall send notice of the denial or revocation to the applicant or provider by certified mail.

(b) The notice shall:

(1) Inform the applicant or provider of the facts or conduct upon which DCYF bases its action;

~~(2) Advise the applicant or provider of their right to request reconsideration of DCYF's decision pursuant to He-C 6347.21; and~~

~~(3)~~ (32) In the case of an existing certification, inform the provider that the revocation shall not take effect until the provider has had an opportunity through an appeal, pursuant to RSA 170-G:4-a and He-C 6347.23, to show compliance with all lawful requirements for retention of the certification.

~~He-C 6348.23 Request for Certification Reconsideration.~~

~~(a) A request for certification reconsideration shall:~~

~~(1) Be filed within 30 days of the date of receipt of the letter sent by DCYF;~~

~~(2) Be submitted in writing; and~~

~~(3) Be filed with the director of DCYF.~~

~~— (b) The DCYF director shall uphold or overturn the request.~~

~~— (c) The applicant or provider shall be notified of the decision, in writing by the director.~~

~~— (d) The applicant or provider may appeal the DCYF director's decision pursuant to He-C 6348.24. He-C 6348.2415 Appeals.~~

(a) Applicants or providers who wish to appeal a decision to deny an application or revoke certification shall file an appeal ~~pursuant~~ with the commissioner, pursuant to RSA 170-G:4-a. and

(b) In accordance with RSA 170-G:4-a the appeal shall:

(1) Be made in writing;

(2) Be signed and dated;

(3) State the reasons for the appeal pursuant to RSA 170-G:4-a; and

(4) Be filed within 14 working days of the date of receipt of written notification.

~~— (e) Pursuant to RSA 170-G:4-a and He-C 200 the commissioner or designee and 2 members of the DCYF advisory board shall hear the appeal.~~

APPENDIX

Rule	Specific State or Federal Statute the Rule Implements
He-C 6348.01-He-C 6348.04	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6348.05	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 126-A:3,II
He-C 6348.06 - He-C 6348.08	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6348.09	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 161:2, VI
He-C 6348.10 - He-C 6348.14	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6348.15	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-G:4a,I